



Attn: Alarm Coordinator
Miami Beach Police Department
1100 Washington Avenue
Miami Beach, FL 33139
(305)673-7115 (305)673-7879 fax

DATE ISSUED: _____

AMOUNT PAID: _____

NEW: ___ RENEWAL: ___ CHANGE: ___

City of Miami Beach Alarm Subscriber Permit Application

1. Alarm Subscriber/Business Name: _____
2. Phone Number at Alarmed Location: (_____)_____
3. Address of Alarmed Location: _____ Apt./Unit #:_____
4. Mailing Address: _____ Apt./Unit #: _____ Attn: _____
City: _____ State: _____ Zip Code: _____
5. Is Alarmed Location a Business or a Residence? (Please circle one) Business Residence
6. Name of Alarm/Monitoring Company: _____
State of Florida License Number: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: (_____)_____ -- _____
7. Business or Residence Owner Name: _____
Phone Number: (_____)_____ -- _____
8. Who owns the Alarm Equipment? (Please circle one) Alarm Company Subscriber
9. Dogs, Hazards, Special Comments Regarding Premises: _____

Call 673-7115/Voice to request material in accessible format; sign language interpreters (five days in advance when possible) or information on access for persons with disabilities.

10. Normal Business Hours: Open: _____ Close: _____ Days Open: _____

11. Do you have a Security Guard Checking Your Premises? **(Please circle one)** YES NO

If YES, Name of the Security Guard Company: _____

Days and hours premises checked: _____

Do they have a key to the premises? **(Please circle one)** YES NO

24 Hour Phone Number: (_____) _____ -- _____

12. Type of Alarm System:	(Please circle one)	Burglary	Audible or Silent
		Hold Up/Armed Robbery	Audible or Silent
		Panic	Audible or Silent

13. Date of Alarm Installation: _____ Date of last Alarm Inspection: _____

14. Who should be contacted in the event of an alarm?

<u>Name</u>	<u>Relationship</u>	<u>Day Phone</u>	<u>Night Phone</u>
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- A. _____
- B. _____
- C. _____
- D. _____
- E. _____

15. Do you have more than one alarm system at this address? **(Please circle one)** YES NO

If YES, please list each alarm system below and describe what area it covers (office, warehouse, guest house, etc.)

System Information

Permit Number

System 1:	_____
System 2:	_____
System 3:	_____
System 4:	_____
System 5:	_____

If any changes need to be made to your Alarm Subscriber Permit, they must be made in writing.

16. Date: _____ Applicants Signature: _____